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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90003 018 ***150.00

FILE NO.
CORPORATION
ANNUAL REPORT
1999

DOCUMENT # P980000 42164

1. Corporation Name: Sierra Mattress Inc.

Principal Place of Business: Sierra Mattress Inc.
4916 Glover Lane
Milton, FL 32570

Mailing Address: Sierra Mattress Inc.
4916 Glover Lane
Milton, FL 32570

2. Principal Place of Business: 4916 Glover Lane
Suite, Apt. #, etc.

2a. Mailing Address: 4916 Glover Lane
Suite, Apt. #, etc.

23. City & State: Milton, FL

24. Zip: 32570

25. Country: U.S.A.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: MAY 1998

4. FEI Number: 59-3509354

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent: Uernie RAY BARNES
4916 Glover Lane
Milton, FL 32570

10. Name and Address of New Registered Agent

81. Name: Uernie RAY BARNES

82. Street Address (P.O. Box Number is Not Acceptable): 4916 Glover Lane

83. City: Milton, FL

84. Zip Code: 32570

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Uernie RAY BARNES DATE: 5-6-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
	<u>Pres. Sec. & Tre.</u>			<input type="checkbox"/>
	<u>Uernie RAY BARNES</u>	<u>3378 Lodging Cir. 3-B</u>	<u>PACE, FL 32571</u>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
1.1				<input type="checkbox"/>
1.2				<input type="checkbox"/>
1.3				<input type="checkbox"/>
1.4				<input type="checkbox"/>
2.1				<input type="checkbox"/>
2.2				<input type="checkbox"/>
2.3				<input type="checkbox"/>
2.4				<input type="checkbox"/>
3.1				<input type="checkbox"/>
3.2				<input type="checkbox"/>
3.3				<input type="checkbox"/>
3.4				<input type="checkbox"/>
4.1				<input type="checkbox"/>
4.2				<input type="checkbox"/>
4.3				<input type="checkbox"/>
4.4				<input type="checkbox"/>
5.1				<input type="checkbox"/>
5.2				<input type="checkbox"/>
5.3				<input type="checkbox"/>
5.4				<input type="checkbox"/>
6.1				<input type="checkbox"/>
6.2				<input type="checkbox"/>
6.3				<input type="checkbox"/>
6.4				<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Uernie RAY BARNES DATE: 5-6-99 Daytime Phone #: 850-983-885

CR2E034 (1/98)